

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155751		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 08/06/2012	
NAME OF PROVIDER OR SUPPLIER MEADOW LAKES				STREET ADDRESS, CITY, STATE, ZIP CODE 200 MEADOW LAKE DR MOORESVILLE, IN 46158			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/06/12</p> <p>Facility Number: 004831 Provider Number: 155751 AIM Number: 200809750</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Meadow Lakes was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has smoke detectors</p>		K0000	<p>The creation of submission of this Plan of Correction does not constitute and admission by this provider of any conclusions set forth in the statement of deficiencies or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in Lieu of a Post Survey Revisit on or after August 31, 2012.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

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	<p>hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 122 at the time of this visit.</p> <p>The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/08/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0064 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6</p> <p>Based on observation and interview, the facility failed to ensure 9 of 9 portable fire extinguishers requiring a 12 year hydrostatic test were emptied and subjected to the applicable maintenance procedures every six years as required by NFPA 10, Standard for Portable Fire Extinguishers Chapter 4-4.3. Fire extinguishers passing the applicable 6-year requirement of 4-4.3 shall have the maintenance information recorded on a suitable metallic label or equally durable material having a minimum size of 2 in. by 3 1/2 in. The new label shall be affixed to the shell by a heatless process, and any old maintenance labels shall be removed. These labels shall be of the self-destructive type when removal from a fire extinguisher is attempted. The label shall include the following information:</p> <p>(a) Month and year the maintenance was performed, indicated by a perforation such as is done by a hand punch.</p> <p>(b) Name or initials of person performing the maintenance and name of agency performing the maintenance.</p> <p>NFPA 10 at Section 4-4.4.2* Verification of Service (Maintenance or Recharging) requires each extinguisher that has undergone maintenance that includes</p>			K0064	<p>It is the practice of this facility to have fire extinguishers inspected, in accordance with all required inspections including monthly, semi-annual, annual, 6 year and 12 year and document inspections in accordance with legal requirements¹. Fire extinguishers were re-inspected (and tagged or collared as needed) and or replaced by 8/21/2012. All fire extinguishers are current with tags and/or collars as needed following 6 and 12 year inspection schedule. 2. Fire extinguishers in the facility have been replaced/re-inspected to include tags and collar. ED/designee re-inserviced maintenance staff by 8/22/12 on fire extinguisher inspections including monthly, 6 yr, and 12yr test, and required tags and collars. 3. ED/designee re-inserviced maintenance staff by 8/22/12 on fire extinguisher inspections including monthly, 6 yr, and 12yr test, and required tags and collars. Preventative maintenance program updated to include fire extinguisher schedule for 6 and 12 year inspections. Maintenance staff to utilize form to ensure compliance with inspections, tags and collars. Failure to comply will result in re-training and/or disciplinary</p>		08/31/2012

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	<p>internal examination or that has been recharged shall have a "Verification of Service" collar located around the neck of the container. The collar shall contain a single circular piece of uninterrupted material forming a hole of a size that will not permit the collar assembly to move over the neck of the container unless the valve is completely removed. The collar shall not interfere with the operation of the fire extinguisher. The "Verification of Service" collar shall include the month and year the service was performed, indicated by a perforation such as is done by a hand punch</p> <p>Exception No. 1: Fire extinguishers undergoing maintenance before January 1, 1999.</p> <p>Exception No. 2: Cartridge/cylinder-operated fire extinguishers do not require a "Verification of Service" collar. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 10:50 a.m. to 12:55 p.m. on 08/06/12, all nine of the facility portable fire extinguishers were manufactured in 2005. Each of the nine portable fire extinguishers was affixed</p>				<p>action up to and including termination. 4. The Maintenance Director is responsible for compliance with fire safety regulations. Maintenance Director to complete preventative maintenance CQI tool monthly for at least 6 months. Maintenance director will report results of audits to QAA for further action and or follow-up as indicated. Failure to comply will result in re-training and/or disciplinary action up to and including termination.</p>		

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	<p>with a label indicating the last six year test was completed by Fire Safety Company in February 2011, but each of the nine portable fire extinguishers was not affixed with a collar located around the neck of the container to verify each extinguisher had undergone maintenance including internal examination and had been recharged. The portable fire extinguisher locations were in the corridor by Room 109, Room 125, Room 205, the Marketing Office, the Assistant Director of Nursing's Office, the 600 Hall Nurse's Station, the Memory Care Nurse's Station and in the laundry and in the service corridor. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged each of the nine portable fire extinguishers in the facility was not affixed with a verification of service collar in the aforementioned locations.</p> <p>3.1-19(b)</p>						